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ABSTRACT

Reported rates of mental illness and substance abuse in homeless populations vary widely and are usually based on clinical impressions. In this report structured interviews and objective measures of pathology were used to survey demographics, psychopathology, and substance abuse in a homeless population. Subjects (N=107), who were recruited from a soup kitchen meal line, completed a 46-item structured demographic questionnaire; a 39-item structured questionnaire on alcohol use, drug use, and their effects; a brief screening test of impairment; and the Minnesota Multiphasic Personality Inventory 168. The survey results indicated that the population was relatively young, male, and Caucasian. Serious alcohol abuse was indicated in about one-third of the cases, and serious street drug abuse was indicated in about one quarter. Severe psychopathology of psychotic proportions was found in over one-third of the cases. In contrast to these findings, few of the respondents perceived themselves as having emotional or substance abuse problems, and few rated themselves as unhealthy or in need of medication. This finding suggests that these people would be unlikely to seek help from mental health or substance abuse agencies. (NRB)

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An Epidemiological Study of Mental Illness and Substance Abuse Among the Homeless

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Abstract

Reported rates of mental illness and substance abuse in homeless populations vary widely and are based on clinical impressions. This study surveyed demographics, psychopathology and substance abuse in a homeless population utilizing structured interviews and objective measures of pathology, including the MMPI-168. The population was relatively young, male and Caucasian. Serious alcoholic abuse was indicated in about a third of the cases, and serious street drug abuse in a quarter. Severe psychopathology of psychotic proportions was also found in over one-third of the cases. The rates of disorder found here are based on objective measures and specified criterion.

An Epidemiological Study of Mental Illness and Substance Abuse Among the Homeless

The homeless mentally ill have had much attention in the popular press but relatively little systematic study. In a recent seminal review Eachrach (1984), points to 4 major factors implicated in the increasing population of homeless mentally ill: 1) deinstitutionalization and hospital admission diversion, 2) changing demography with the post-war baby boom resulting in the absolute number of young mentally ill increasing greatly. Like others of their generation they tend to be very mobile and to congregate at certain "in" locations, 3) Like their age peers there is an increase in the use of recreational drugs which may exacerbate the symptoms, and 4) the counter-culture of the sixties and seventies into which they blended, to some extent, is now much diminished, and hence, they are more visible.

Research studies on the homeless mentally ill are limited in numbers and have many methodological problems. Sampling has mainly been from temporary shelters and food lines with cooperative volunteers. It seems likely that, at any given time, many homeless do not use these facilities and that some of the most suspicious and withdrawn individuals avoid interviews. The basis of diagnosis of mental illness with this population has been based on clinical impression from a brief mental examination done by persons of various levels of training, and/or a review of their

psychiatric history. The criterion used as the basis of diagnosis is usually not specified. Only about half the studies include substance abuse data. Fewer give much detailed demographic information.

Table 1 summarizes the findings of the main studies to date. It can be noted that the overall rate of mental illness ranges from 97% in the New York study of psychiatric emergency room patients to a low of 20% in the Phoenix Meal Line study. The methods used in the studies varied and the basis on which classifications are made was often unspecified.

Insert Table 1 About Here

The present study was directed toward obtaining, through mostly objective measures, rates of severe mental illness and substance abuse in the homeless population of an "in" southwestern U.S. location. The method used here emphasized objective, criterion based measures of psychopathology and substance abuse along with more fully comprehensive demographic information than has been available in most previous studies.

Method

Subjects were obtained from the Meal Line of the primary dinner soup kitchen of a southwestern city. The procedure was to inform every 10th person in line of the purpose of the survey and

to offer a package of cigarettes (an important currency of the streets) for cooperation and participation. This effort at random selection was limited because of refusals. The refusal rate at the start of an interviewing session was estimated at 25-30%. However, once someone got started, very few then refused, and many came forward to volunteer. The sampling effort, however, maintained despite the volunteers. Clothing distribution that occurred before meals also disrupted the lines. Since the survey required up to an hour, on the average, to complete only about five were done a day. Interviewing was carried on for consecutive days including weekends over a five week period. Complete data were obtained for 107 subjects.

The survey instruments were: a 46 item structured demographic questionnaire, a 39 item structured questionnaire on drinking and drug use and effects (Kahn and Gingras, 1983), a brief screening test of impairment (Kahn, 1978) and the MMPI 168 (Overall et. al, 1976). In addition, clinical ratings by the interviewers were also obtained.

The interviewers were a clinical psychologist, clinical psychology graduate students, and university undergraduates in an abnormal psychology course. All were given training in the method and an opportunity to observe before interviewing.

Results

A. Demographic characteristics. The population was 92% male

and relatively young. The mean age was 35 with a range from 17 to 64. About 10% were less than 21 years of age, and 10% were over 52 years. Ethnically, 86% were caucasian, 9% were black. Hispanics were much under-represented for the area, while Indians were only slightly so. Only 12% of the population was married. Mean education was 10.88 years. Twenty-five percent had less than 9th grade education, while 16% had more than 12th grade education.

About 80% indicated that they usually sleep in the street or at some equivalent such as an abandoned car or vacant building. Forty percent said they were homeless six months or less, while 40% indicated they were homeless over a year. Twenty-six percent indicated they were homeless for 3 or more years.

Approximately 25% had been in the area for a year or more, while another 25% were very recent, having been there less than one week. Forty-two percent of those interviewed indicated that they planned to stay in the area for a year or more.

Nineteen percent said they had no family, 16% stated they lived with a family member, if on the street, while 65% lived alone.

In terms of work, less than 3% had fulltime jobs and 10% were doing odd jobs, the rest were unemployed. The selling blood, odd jobs, collecting cans and paper were the main sources of income. Seventy-two percent indicated they received no government money, although food stamps were used by about 25%.

About 70% rated their health as good or excellent, but 41% had been hospitalized in the past five years, about half of these for injuries due to fights or accidents. Twenty-five percent indicated that they had been in a mental hospital during the past 3 years.

When asked the reason for being homeless 28.6% stated that it was their own choice, and another 29% said that it was due to lack of employment. Alcohol was given as a major reason by 9%, and various other reasons made up the remainder of answers to that question. Ninety-one percent said that they wanted to be off the streets, and stated that a job and a place to live was what was necessary for them to accomplish that.

Substance Abuse

As indicated in Table 2, 87% indicated that they use alcohol, 27% stated they use it daily, 43% said that per drinking session, they drank an equivalent of 10 or more ounces of hard liquor per session. In many case the choice of drink was whatever could be obtained.

Fifty-nine percent use street drugs, 26% use those drugs on a daily basis. Marijuana was used primarily by 30% and polydrugs were used by another 20%.

Insert Table 2 About Here

Two-thirds of the total population reported difficulty with police because of alcohol or drugs (40% for drunk and disorderly, 15% for DWI, 21% for assault, and 4% for homicide). Only 12% had not been arrested and only 19% had not been jailed or imprisoned. From a half to a third had experienced severe symptoms of substance abuse (memory loss, shakes, DT). The mean age at which substance abuse started was 14.99. While only 32% said substance abuse was a problem, 53% indicated that they wanted to stop, or better, control it, suggesting that for many, it was a greater problem than they wished to admit.

The data suggests that substance abuse of serious proportions is present in from one-third to one-half of this population.

Psychopathology: The MMPI-168

In only a very few cases were any problems encountered in having individuals do the scale. In a few cases it was necessary to read the items to the individuals, and in several other cases individuals were too confused or bizarre to do it. Table 3 gives the t score means and percent of t-scores over 70 and 80 for each of MMPI scales.

Insert Table 3 About Here

Validity Scales

L and K were not remarkable but extremely high F scores were

present in many cases. This, however, was associated with extreme scores on clinical scales particularly the psychotic scales. In the absence of other indicators of invalidity, according to Graham (1979), high F scores are good indicators of psychopathology. Further, according to Vincent et. al (1984) a converted MMPI-168 t score of 106 or above for F is the criterion for invalidity. Almost all the cases here were well within that limit.

Clinical Scales

It can be noted from Table 3 that about half of all cases had a t score of 70 or above on schizophrenia and on the psychopathic deviance scale, while 40% were 70+ on affective disorder scales of depression and mania.

Using a more conservative criterion of psychopathology, t score over 80 found over a third of the cases were that extreme on schizophrenia, and about a quarter of the cases that high on psychopathic deviance, depression, mania, and paranoia. Interestingly, the more neurotic anxiety indicator scales were relatively low.

A more stringent criteria, a t score of 80, seemed indicated since people living on the street undoubtedly have a higher proportion of unusual, stressful and/or threatening experiences to report than is true for the general population.

A discriminative function analysis was performed by grouping the cases in three groups: 1) severe emotional disturbance,

defined by MMPI t score over 70 on schizophrenia, paranoia, depression, or mania, 2) severe substance abuse, defined by substance usage 3 or more days a week, and arrest for drug or alcohol offense, and 3) neither emotional disturbance or substance abuse criterion met. The discriminative function analysis did significantly separate these groups (Wilks Lambda = 3.9, F = 20.11 P>.001). It correctly classified 77.8% of the emotionally disturbed cases, 76.7% of the neither cases. However, the grouping was only correct for only 50% of the substance abuse cases, which mainly overlapped with the neither group. This probably was because substance use was so widespread in the total population.

The overlap of extreme psychopathology and extreme substance abuse in the same individuals was 18%.

As shown in Figure 1, when the severely disturbed group (51% of the population) was separated out from the substance abuse and neither group, relatively normal and very similar MMPI-168 profiles were found for the latter two groups. A slight peak on the psychopathic deviance scale was present for both of these groups.

Insert Figure 1 About Here

Clinical Ratings

Since the training and experience levels of the interviewers varied widely and no full mental status exam was done, little emphasis is put on this data. It is of note that the clinical ratings found 44% of the cases to be from slightly to grossly illogical in thought and 53% of the cases were rated as appearing dirty, deshoveled, and/or inappropriately dressed and 30% of the cases were thought to be possibly under the influence of alcohol or drugs during the interview.

The ASC scale which contains some formal mental status items was consistent with the discriminant function groupings suggesting that the MMPI and mental status items discriminate in the same direction in the sample.

One further analysis was done. That was a compariosn of the nine women in the sample with the males. Since there were so few women, these are obviously only exploratory findings. Demographically, the only sex differences were that the women all lived with someone and had been with that person longer on the average than the males who lived with someone. The women also reported that they slept better and women were more likely to receive money from the government. Their drinking pattern was the same as for the males, but they reported using drugs less often. Women also reported fewer drug/alcohol problems and many fewer arrests. Interestingly, the women's MMPI-168 were lower on

depression than the males but somewhat higher on the psychopathic deviance scale.

Discussion

While this study is not free of sampling problems, it provides data for rates of mental illness and substance abuse that are based on objective measures and defined criterion. The rates found here suggest that severe emotional disturbance is present in from 25 to 50% of the homeless population, depending on how severe the criterion is set, and that the rates of severe substance abuse range from 25 to 40%. While a substantial proportion of overlap occurs (18%) most of the emotionally disturbed are not severe substance abusers, although many do use drugs and alcohol. Most substance abusers among the homeless are not otherwise grossly, emotionally disturbed. Further, about a third or a quarter of the homeless have neither problem in severe proportion.

To the extent to which these findings are reasonably accurate they point to a heterogeneity of problems that must be addressed in any approach to working effectively with the homeless population. Many of these people need mental health services, and many need substance abuse services. Probably all need some form of social supports. As Bachrach (1984) points out, a comprehensive unified approach that is flexible and can accommodate the variety of needs and the changing needs of these individuals is what is lacking in most current attempts to work

with them.

Our data, while not specifically directed to this issue, suggests that very few of the homeless that were interviewed perceived themselves as having emotional or substance abuse problems. Few rated themselves as unhealthy and in need of medications. A job and a place to live was almost the unanimously stated solution to their homelessness. Our data, however, speaks otherwise for most of them. One implication of this is that these are people who are unlikely to seek help from mental health or substance abuse agencies. Rather, they may actively shun such services. Traditional programs of out-patient appointments won't reach them. Services will need to go to where they are and then to find ways to involve them.

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Table 1

Summary of Major Homeless-Mental Ill Studies, 1978-84

Study	N	Subjects	% Sex M	F
1. Lewis, 1978	76	Applicants for Travelers Aid		
2. Streltzer, 1979	not given	Those given psychiatric Rx in emergency		
3. Chmiel et al., 1979	35	Transient Migrants		
4. Tabler, 1982	269	City Shelter		
5. N.Y. State Office of Mental Health, 1982	107	Men using city shelter	100	
6. Leaf & Cohen, 1982	not given	Homeless men in city shelter	100	
7. Depp & Ackiss, 1983	65	Women's shelter		100
8. Bassuk, 1983	78	Shelter residents	80	20
9. Arce et al., 1983	179	City Run Emergency Shelter	78	22
10. Lipton et al., 1983	100	Emergency Psychiatric Service		
11. Brown et al., 1983	345	Foodline users	87	13
12. Farr, 1983	not given	Skidrow Homeless in L.A.	85	10

Table 1 (continued)

Summary of Major Homeless-Mental Ill Studies, 1978-84

	Location	Overall % of Mental Illness	% Substance Abuse		Basis of Diagnosis
			Al.[a]	Drugs	
1.	San Francisco	60+			History of Psychiatric Rx
2.	Hawaii	40+			Chart Review
3.	Charlottesville, VA	43			Psychiatric Exam
4.	Baltimore	31			Psychiatric History
5.	New York	<25			Interview
6.	New York	*			Diagnostic Records
7.	Washington, DC	48			Psychiatric History & Status
8.	Boston	40	29		Psychiatric Status
9.	Philadelphia	40		25+	Psychiatric Exam
10.	New York	97		18	Psychiatric Exam
11.	Phoenix	20		20	Interviewer Ratings
12.	Los Angeles	50			Gross Estimate

[a] Alcohol

Table 2

Substance Abuse Patterns & Effects

Drinking Frequency		Drug Frequency	
Don't drink	13%	Don't use	41%
Less than once a week	24%	Less than once a week	16%
1-2 days a week	26%	1-2 days a week	12%
3-4 days a week	9%	3-4 days a week	5%
Daily	27%	Daily	26%

Substance Used

Alcohol		Drug	
None	16%	None	59%
Beer	46%	Marijuana	28%
Wine	5%	Polydrug	20%
Hard Liquor	12%	Other	3%
Combination	21%		

Quantity Drinks Per Session 43%
(1 drink = 1½oz. spirits, 4 oz. wine or 12 oz. beer)

Due to Alcohol or Drugs

Trouble with police	Yes 64%	No 34%
No arrests	$\bar{X}$ arrests = 5.24	None 12%
No time jail-prison	$\bar{X}$ = 3.96	None 19%

Reason For Arrest	
Not arrested	12%
Assault	21%
DWI	15%
Robbery	6%
Homicide	3%
Other	4%

Severe Health Problems Due to Alcohol or Drugs	
Casued Health Problem	40%
Loss of memory	51%
Confused	51%
Depressed	51%
Fights	40%
Shakes	36%
See-Hear Things	32%
DTs	14%
Liver Damage	14%

Age Start Drink or Drug X = 14.99

Is it a problem for you 32% Yes

Want to Stop - Control 53.6% Yes

Close Family Member Abuser 35% Yes

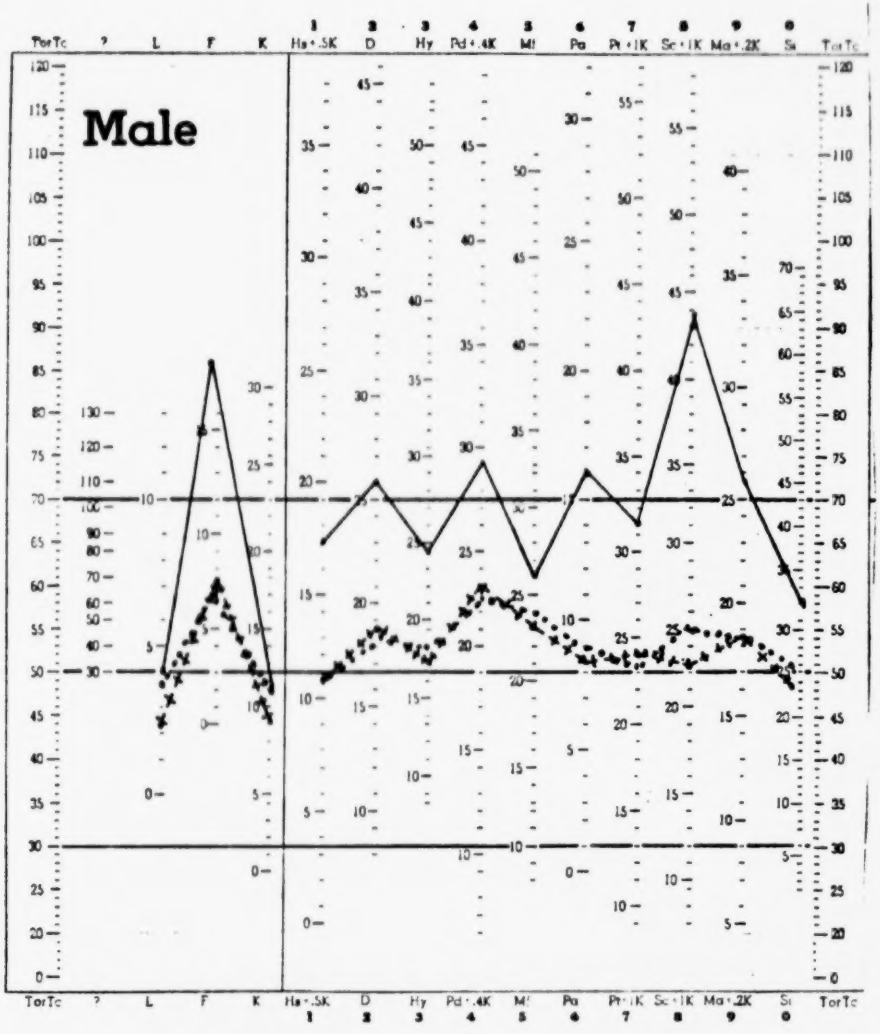
Table 3

Total Group Mean and Percent of MMPI-168 T Scores Over 70 and Over 80

Scale	% over 70	% over 80	Group Mean
L	02	00	50.40
K	01	00	48.14
F	55	44	76.65
Hs	21	12	58.60
D	39	22	65.63
HY	17	06	59.77
PD	49	26	69.79
MF	27	04	60.28
PA	30	27	64.54
PT	27	12	61.72
SC	56	35	74.55
MA	40	26	64.81
SI	09	00	60.74

Figure 1

MMPI-168 Profiles For Psychopathological, Substance Abuse And Neither Groups



Severe Psychopathology
++++++++ Substance Abuse
..... Neither